

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5781

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

IF DEATH NO. 45 RESIDENCE	1. PLACE OF DEATH A. COUNTY <u>Maricopa</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Maricopa</u>	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) <u>Wickenburg</u>		C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) <u>3 days 4 yrs</u>	
DENT ONAL ITA 159	D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hospital</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>30 Mesquite St.</u>	
	3. NAME OF DECEASED A. (FIRST) <u>Bennie</u> B. (MIDDLE) <u>Jamie</u> C. (LAST) <u>Allen</u>		4. SEX <u>male</u> 5. COLOR OR RACE <u>white</u>	
USE OF ATH 0 W 18) 0	6. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <u>Mar</u> DAY <u>13</u> YEAR <u>1892</u>	
	8. AGE YEARS <u>59</u> MONTHS <u>7</u> DAYS <u>15</u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>Retired Carpenter</u>	
ATIONS, OPSY 2	9B. KIND OF BUSINESS OR INDUSTRY <u>Carpentry</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Mo.</u>	
	11. CITIZEN OF WHAT COUNTRY? <u>USA</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) <u>No</u>	
ATH TO RNAL ENCE 2	14. FATHER'S NAME <u>Charles Allen</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>New York</u>	
	16. INFORMANT'S SIGNATURE <u>Merman Tijima</u> ADDRESS <u>Wickenburg Arizona</u>		17. DATE OF DEATH (MONTH) <u>10</u> (DAY) <u>28</u> (YEAR) <u>51</u>	
ICAL RONER'S ICATION	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRIBUTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Hypertensive Heart Disease</u> II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Pneumonia, Bronchitis, Emphysema</u>	
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
IAL CTOR ND STRAR 2	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
STRAR 2	21F. HOW DID INJURY OCCUR?		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>10-21</u> , 19 <u>48</u> TO <u>10-28</u> , 19 <u>51</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>10-28</u> , 19 <u>51</u> , AND THAT DEATH OCCURRED AT <u>1:30 PM</u> , FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23A. SIGNATURE (DEGREE OR TITLE) <u>William M. Henry, M.D.</u>	
STRAR 2	23B. ADDRESS <u>Wickenburg, Arizona</u>		23C. DATE SIGNED <u>10-29-51</u>	
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>10-30-51</u>	
STRAR 2	24C. NAME OF CEMETERY OR CREMATORY <u>Wickenburg</u>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Wickenburg Arizona</u>	
	25A. DATE REC'D BY LOCAL REG. <u>10-29-51</u>		25B. REGISTRAR'S SIGNATURE <u>Man Coffinger</u>	
STRAR 2	25C. FUNERAL DIRECTOR'S SIGNATURE <u>H. L. Coffinger</u> ADDRESS <u>Wickenburg Ariz.</u>		27. EMBALMER'S SIGNATURE <u>H. L. Coffinger</u> CERT. NO. <u>188-A</u>	
	25D. DATE REC'D BY LOCAL REG. <u>10-29-51</u>		25E. REGISTRAR'S SIGNATURE <u>Man Coffinger</u>	